I018082

SC Johnson
A FAMILY COMPANY

S. C. Johnson & Son, Inc.
1525 Howe Street
Racine, WI 53403-2236
262.260.2000

November 28, 2006

via OVERNIGHT MAIL (FED-EX)

Document Processing Desk - 6(a)(2)
Office of Pesticide Programs
Document Processing Room S-4900
One Potomac Yard
2777 S. Crystal Drive
Arlington, VA 22202

Re: FIFRA 6(a)(2) Reporting

To the 6(a)(2) Coordinator:

Attached please find summaries of 6(a)(2) incidents covering the time period of October 1 through October 31, 2006 and the corresponding VIRs for those cases.

Please call me with any questions. I may be reached at 262/260-3086.

Sincerely,

RJ Soto

Ricardo J. Soto, Ph.D.
Manager, Product Stewardship

Attachments

RJS/bap

cc: J. H. Wallace, Jr.

Personal privacy information

FIFRA Incident Summary
SC Johnson
Submit Date: 11/8/2006

Row #	Case #	EPA Reg# or Active	Product	Date Registrant Became Aware of the Incident	Severity	Reporter	State In Which Reported	Incident Status
1	127007	4822-449	Raid Max Roach and Ant Killer 6 Aerosol	10/5/2006	HC	[redacted]	CT	New
2	127860-1	4822-167	Deep Woods OFF! Insect Repellent V (Unscented Aerosol 6 oz)	10/8/2006	HC	[redacted]	TX	New
3	127860-2	4822-167	Deep Woods OFF! Insect Repellent V (Unscented Aerosol 6 oz)	10/8/2006	HC	[redacted]	TX	New
4	127993	4822-380	OFF! Insect Repellent Unscented Aerosol (Orange Can) 6 oz	10/9/2006	HC	[redacted]	VA	New
5	128088	DEET	Deep Woods OFF! (Non-Specific)	10/9/2006	HC	[redacted]	FL	New
6	128473	4822-293	OUST Air Sanitizer - Citrus	10/10/2006	HC	[redacted]	TX	New
7	129296	4822-473	Raid Ant Killer 16 -17 5 oz	10/13/2006	HC	[redacted]	ME	New
8	129650	4822-283	Raid House and Garden Bug Killer Formula 7- 11 oz	10/15/2006	HC	[redacted]	CA	New
9	130168	4822-452	Raid Concentrated Deep Reach Fogger (Orange Can) 1.5 oz	10/16/2006	HB	[redacted]	WA	New
10	130219	4822-380	OFF! Active Insect Repellent 1 (Orange Can) - 6 oz. Aerosol - US	10/16/2006	HC	[redacted]	NC	New
11	130231	4822-479	Raid Ant and Roach Killer with Germfighter 17 5 oz	10/16/2006	HC	[redacted]	NH	New
12	130952	4822-505	Scrubbing Bubbles II Lemon Antibacterial Bathroom Cleaner (Aerosol) 25 oz	10/18/2006	HC	[redacted]	OH	New
13	130982	4822-447	Raid Ant and Roach Insect Killer 17 (non-specific)	10/19/2006	HC	[redacted]	FL	New
14	131143	4822-447	Raid Ant and Roach Insect Killer Formula 17 Fragrance Free 17.5 oz	10/19/2006	HC	[redacted]	TX	New
15	131445	4822-273	Raid Flea Killer Plus Carpet and Room Spray 16 oz	10/20/2006	HC	[redacted]	FL	New
16	131813	4822-399	OFF! Deep Woods Sportsmen Insect Repellent III Pump Spray - 6 oz. - US	10/22/2006	HC	[redacted]	NC	New
17	131956	4822-505	Scrubbing Bubbles II Lemon Antibacterial Bathroom Cleaner (Aerosol) 25 oz	10/22/2006	HC	[redacted]	NJ	New
18	132507	4822-397	OFF! Deep Woods Sportsmen Insect Repellent II - 8 oz. Aerosol - US	10/24/2006	HC	[redacted]	AZ	New
19	132563	Benzyl Benzoate	(discontinued) Allercare Dust Mite Spray - Aerosol	10/24/2006	HC	[redacted]	MI	New
20	132802	4822-283	Raid House and Garden Bug Killer Formula 7- 11 oz	10/25/2006	HC	[redacted]	WA	New
21	133236	4822-271	Raid Wasp and Hornet Killer - 17.5 oz	10/26/2006	HC	[redacted]	FL	New
22	133480	4822-505	Scrubbing Bubbles II Lemon Antibacterial Bathroom Cleaner (Aerosol) 25 oz.	10/27/2006	HC	[redacted]	KY	New
23	133563	4822-452	Raid Concentrated Deep Reach Fogger (Orange Can) 1.5 oz	10/27/2006	HC	[redacted]	TN	New
24	133717	4822-273	Raid Flea Killer Plus Carpet and Room Spray 16 oz	10/28/2006	HC	[redacted]	SC	New
25	134230	4822-452	Raid Concentrated Deep Reach Fogger (Orange Can) 1.5 oz	10/30/2006	HC	[redacted]	OH	New
26	134273	4822-278	Raid Fumigator Fumigating Fogger	10/30/2006	HC	[redacted]	FL	New

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***127007***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Rocky Hill, CT*** ***USA*** ***09/07/2006***	Date registrant became aware of incident. ***10/05/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-449***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Raid Max Roach and Ant Killer 6 Aerosol***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

3

Brief description of incident circumstances.

Stamatopoulos, Kathi Oct 5 2006 11:48AM
Hx: Caller used product 4 weeks ago along the baseboards in all rooms of her house. Caller denies touching the product. Caller developed a full body rash (hives) 3 days after use. Caller went to her PMD 5 days later and dispensed Zyrtec. That didn't help so caller went back one week later and the MD gave caller prednisone the following week who told her to keep taking Zyrtec. Caller continued then 2 days later caller went to the ER because her hands and feet swelled, and she developed weakness in her arms.

A: There is really no dermal exposure here. Consider other causes.
cb prn
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 16 2006 2:11PM
Callback attempted, left message on answering machine requesting follow-up; included case and phone number.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 26 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
3 days or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
None</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Hives/Welts</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
127007</td></tr>
</table>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-602

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)		Internal ID *127860-1*
	Address [redacted]		Address		
	Phone # [redacted]		Phone #		
	Incident Status: *New*	Location and date of incident *Charr, TX* *USA* *Chronic: >1 week<= 1 month*	Date registrant became aware of incident. *10/08/2006*	Was incident part of larger study? *No*	
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *4822-167*	EPA Registration # (Product 2)	EPA Registration # (Product 3)		
	A.I. (s) *DEET*	A.I. (s)	A.I. (s)		
	Product 1 name *Deep Woods OFF! Insect Repellent V (Unscented Aerosol 6 oz)*	Product 2 Name	Product 3 Name		
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?		
	Formulation *Aerosol*	Formulation	Formulation		
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). *Own Residence*	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). *See Incident Description Notes*		
	Applicator certified? *UNK*				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *See Incident Description Notes*				

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Brief description of incident circumstances.

Miller, Lucy Oct 8 2006 3:41PM
Used the language line for call: Spoke to interpreter [redacted]

Hx: The caller would like to know if the product is good to repel fleas. The caller has been using the product on herself and her child every day for the last 2 wks. She noticed a rash over her entire body and her son's body 7 days after starting the use of the product. The caller continued to use the product 7 more days. The caller has not seen a MD for her or her son. The caller is not aware of any other agent she has been using in the house that may be causing this response.

A: This is not a typical response to the product. Recommend discontinuing the use of the product at this time. See a MD to have the rash evaluated. Have the MD call with any questions. gave cs # cb prn.
sent to lead tox
* * * * * * * * * * * * * * * * * *
Gualtieri, John Oct 26 2006 9:28AM
Used an interpreter. Interpreter had to leave a message for consumer to call SCJ Medical line back.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 31 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Dermal</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
1 week or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-unknown disposition</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Rash</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Chronic: >1 week<= 1 month
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
127860-1</td></tr>
</table>

Personal privacy information

part of -002

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***127860-2***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Charr, TX*** ***USA*** ***Chronic: >1 week<= 1 month***	Date registrant became aware of incident. ***10/08/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-167***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***DEET***	A.I. (s)	A.I. (s)
	Product 1 name ***Deep Woods OFF! Insect Repellent V (Unscented Aerosol 6 oz)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Brief description of incident circumstances.

Miller, Lucy Oct 8 2006 3:41PM
Used the language line for call: Spoke to interpreter [redacted]

Hx: The caller would like to know if the product is good to repel fleas. The caller has been using the product on herself and her child every day for the last 2 wks. She noticed a rash over her entire body and her son's body 7 days after starting the use of the product. The caller continued to use the product 7 more days. The caller has not seen a MD for her or her son. The caller is not aware of any other agent she has been using in the house that may be causing this response.

A: This is not a typical response to the product. Recommend discontinuing the use of the product at this time. See a MD to have the rash evaluated. Have the MD call with any questions. gave cs # cb prn.
sent to lead tox
* * * * * * * * * * * * * * * * *
Gualtieri, John Oct 26 2006 9:28AM
Used an interpreter. Interpreter had to leave a message for consumer to call SCJ Medical line back.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 2 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Dermal</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
1 week or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Rash</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Chronic: >1 week<= 1 month
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
127860-2</td></tr>
</table>

11

Personal privacy information

-003

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *127993*
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Richmond, VA*** ***USA*** ***10/03/2006***	Date registrant became aware of incident. ***10/09/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-380***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***DEET***	A.I. (s)	A.I. (s)
	Product 1 name ***OFF! Insect Repellent Unscented Aerosol (Orange Can) 6 oz***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Yeager, Greg Oct 9 2006 9:05AM
Hx: Caller states applying product to her torso and arms 6 days ago. Caller states that she showered that night, and did not apply product again the next day. Caller states that in the evening of the next day she developed itching and hives on her arms and torso. Caller states that she applied a topical steroid recommended by her pharmacist, and that sxs persisted. Caller states that she saw MD yesterday and was given a steroid injection and given oral steroids. Caller states that sxs have improved since yesterday.

A: Informed caller that this is not an expected reaction to product use. Informed caller that would not anticipate sxs being delayed until the following day after showering the night before. Rec continuing care with MD, and have MD call with any questions.
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 17 2006 3:42PM
Callback attempted, left message on answering machine requesting follow-up; included case and phone number.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***60 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***24 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Dermatological-Hives/Welts*** ***Dermatological-Pruritis (itching)***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
127993

Personal privacy information

-004

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***128088***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Tampa, FL*** ***USA*** ***10/01/2006***	Date registrant became aware of incident. ***10/09/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***Caller did not have container***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***DEET***	A.I. (s)	A.I. (s)
	Product 1 name ***Deep Woods OFF! (Non-Specific)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Yeager, Greg Oct 9 2006 1:02PM
Hx: Caller states that she applied a Deep Woods OFF! product 8 days ago to her chest, arms, and legs. Caller states that the next day she began to notice a light rash developing in those areas. Caller states that rash continued to develop over a few days, and that she began applying topical steroid cream to the area. Caller states that she was seen by her MD 4 days ago. Caller states that MD prescribed oral steroids, and that sxs have improved slightly since. Caller states that she will be seeing a dermatologist tomorrow. Caller does not have product to give UPC #, and could only say that it was Deep Woods in a green can.

A: Informed caller that this is not an expected reaction to product use. Rec continuing care with MD. Gave case #, have MD call with any further questions.
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 17 2006 4:19PM
Callback complete. The woman stated she has been taking oral steroids and a topical steroid cream prescribed by her dermatologist. She stated her symptoms have nearly resolved one week later. She will callback if sxs persist. Close case.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***46 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***24 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-treated & released***	List signs/symptoms/adverse effects ***Dermatological-Rash***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
128088

17

Personal privacy information

2005

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***128473***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Sugar Land, TX*** ***USA*** ***Chronic: Unknown***	Date registrant became aware of incident. ***10/10/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-293***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***OUST Air Sanitizer - Citrus***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Peterson, Holly Oct 10 2006 2:49PM
Hx: Caller believes she is getting a rash from the product. Caller is unsure what caused the rash. Caller has used the product for about 1 year. Caller has red marks on her body. Caller is under the care of a MD for this condition.

A: Informed caller this is not a intended effect following routine product use. There are many potential causes for the s/sxs described which may include a sensitivity to the product. C/b prn
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 18 2006 12:47PM
Callback attempted. The woman stated she had a biopsy taken. She continues to have a rash. She will find out the results of the biopsy 10/19. Reset.
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 25 2006 11:33AM
Callback complete. The woman stated she got back the results of the biopsy and her symptoms are not related to the product. Close case.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***75 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Dermatological-Erythema/Flushed***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Chronic: Unknown*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
128473

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -006

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***129296***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Cumberland Foreside, ME USA 04/13/2006***	Date registrant became aware of incident. ***10/13/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-473***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Raid Ant Killer 16 -17.5 oz***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Yeager, Greg Oct 13 2006 9:45AM
Hx: Caller states that someone living in her home has been spraying product in different locations where she has been sleeping, and that within 2 or 3 days she begins having muscle spasms during the night. Caller states that this has been happening for the past 6 months. Caller states that sxs typically last for about 15 to 20 minutes before subsiding, and that she bathes afterwards. Caller states that she has not seen her doctor.

A: Informed caller that product has a low level of toxicity and a wide margin of safety. Informed caller that would not anticipate these sxs developing from product use. Rec seeing MD for evaluation. Gave case #, have MD call with any questions.
* * * * * * * * * * * * * * * * * *
Gjertson, Mark Oct 24 2006 1:33PM
Callback. Caller stated that she is having a hard time getting rid of the product in the house. Caller is no longer experiencing symptoms and is no longer going into the house. Informed caller the best way to get rid of the product is to ventilate. Caller did not see her doctor. Case Closed.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***66 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***3 days or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER/Hospital-refused referral***	List signs/symptoms/adverse effects ***Neurological-Muscle Spasms***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
129296

Personal privacy information

-007

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date.	Contact person (if different than reporter)	Internal ID ***129850***
	Address [redacted]			Address	
	Phone # [redacted]			Phone #	
	Incident Status: ***New***	Location and date of incident ***Magalia, CA*** ***USA*** ***10/12/2006***		Date registrant became aware of incident. ***10/15/2006***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-283***		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)		A.I. (s)
	Product 1 name ***Raid House and Garden Bug Killer Formula 7- 11 oz***		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***				

24

Brief description of incident circumstances.

LeMaster, Steve Oct 15 2006 12:27PM
UPC#: 46500 01672

Reports that 3 day ago - he was spraying product over his head. Did get some into L eye as it became painful at that time. Rinsed out with water for several min and sx resolved < 2-4 hrs later. The following morning he awoke with redness, pain and swelling to R eye (no initial sx) and discharge. R eye initially without sx for about 12 hrs. He has been self treating at home for the past 3 days. Sx only worsening.

A: Given late presentation of sx - not likely that product involved. Should have MD eval eye asap. CB prn.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 50 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Ocular</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
24 hrs or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-unknown disposition</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Edema/Swelling
Ocular-Ocular irritation/pain
Ocular-Ocular Discharge
Ocular-Redness/Conjunctivitis</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
129850</td></tr>
</table>

Personal privacy information

-0056

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***130168***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Spanaway, WA*** ***USA*** ***10/09/2006***	Date registrant became aware of incident. ***10/16/2006***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-452***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name ***Raid Concentrated Deep Reach Fogger (Orange Can) 1.5 oz***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation ***Aerosol***	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

27

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Brief description of incident circumstances.

Yeager, Greg Oct 16 2006 3:04PM

Hx: Caller states that his wife set several foggers off in his residence 1 week ago, and left area immediately after setting them off. Caller states that wife slept at another residence and went to work the next day. Caller states that while his wife was at work the next day she began feeling numbness in her feet and legs. Caller states that sxs have persisted and spread to her torso. Caller states that wife has been seen in ER, and that cause of sxs is unknown. Caller is gathering information prior to another MD appointment.

A: Informed caller that product has a low level of toxicity. Informed caller that would not anticipate sxs developing without direct contact with product. Informed caller that would not expect sxs being delayed until the next day or persisting this long. Informed caller of AI. Rec continuing care with MD. Gave case #, have MD call with any questions.

Notified LT.

* * * * * * * * * * * * * * * * * *

Nystuen, Amy Oct 25 2006 1:22PM

[redacted] states that [redacted] is his girlfriend of 12 years and she is not getting any better. She is still numb but it no longer is traveling up, it has stopped. He states she is going through financial difficulties right now but the doctors don't know what is causing this. They think it might be neuro toxin or a virus. All her blood work is good. On Saturday she will be having an MRI and other x-rays along with other tests. [redacted] would appreciate a call back next week for follow up.

* * * * * * * * * * * * * * * * * *

Nystuen, Amy Nov 2 2006 3:23PM

[redacted] states [redacted] is in the hospital for last week. The MRI showed spots on her brain and spine. The doctor state she has MS.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***46 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***24 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Dermatological-Numbness***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HB***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
130168

Personal privacy information

-009

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date.	Contact person (if different than reporter)	Internal ID ***130219***
	Address [redacted]			Address	
	Phone # [redacted]			Phone #	
	Incident Status: ***New***	Location and date of incident ***Burgaw, NC*** ***USA*** ***10/16/2006***		Date registrant became aware of incident. ***10/16/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-380***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***OFF! Active Insect Repellent 1 (Orange Can) - 6 oz. Aerosol - US***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Peterson, Holly Oct 16 2006 5:00PM
Hx: Caller stated her daughter used the product and broke out on her face in welts all over. Caller stated the welt showed up almost right away. Caller stated she washed her face with water, right after she had the welts appear. Caller can't have antihistamine, makes the child hyper.

A: Informed caller to discontinue use of the product. This is not a intended effect following routine use. There are many potential causes for the s/sxs described which may include a sensitivity to the product. If s/sxs persist seek MD consult. C/b prn.
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 26 2006 11:49AM
Callback attempted. The number continued to ring with no answering machine. Unable to leave message. Reset.
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 27 2006 11:48AM
Callback complete. The child was taken to the ER because the welts continued to worsen. The child was given a shot of Prednisone. The mother reported the skin on the face became so hot that several small skin adhesions occurred. Her sxs lasted four days. Close case.

The mother inquired about having the product replaced/being given a refund. Referred her to CS with case number.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 12 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Dermal</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
30 min or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
ER/Hospital-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Hives/Welts
Dermatological-Skin adhesion</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
130219</td></tr>
</table>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -010

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *130231*
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident ***Brooklyn, NH*** ***USA*** ***Unknown***	Date registrant became aware of incident. ***10/16/2006***	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-479***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Raid Ant and Roach Killer with Germfighter 17.5 oz***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	*Incident site:* (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	*Situation (act of using product):* (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	Applicator certified? ***UNK***		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Chilefone, Sarah Oct 16 2006 5:36PM
HX: Caller has a HX of Asthma. Caller noted that she has been using the product for a while now and is noticing that her asthma is getting worse and all her asthma medications do not seen to be working as well. Caller notes that she has been to the MD and also noted that her MD did lab work and found that she has some lead in her blood. Caller wondering if there is any lead in the product.

A: Advised caller that considering her medical HX, should not be around the product while using it. Also discussed with the caller that the product does not contain lead. Advised caller that she needs to be in contact with her MD regarding this situation as it is affecting her current health condition. Call back prn.
* * * * * * * * * * * * * * * * * *

Stauffenecker, Dena Oct 26 2006 11:53AM
Callback attempted, left message with another member of the household requesting follow-up; included case and phone number.
* * * * * * * * * * * * * * * * * *

Peterson, Holly Oct 27 2006 1:59PM
Cb: Caller stated her MD to redo blood work. Caller was seen by MD. MD prescribed high dose of Asthma meds. s/sxs have not cleared. Reset callback
* * * * * * * * * * * * * * * * * *

Stauffenecker, Dena Oct 31 2006 12:20PM
Callback attempted, left message on answering machine requesting follow-up; included case and phone number.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 69 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Inhalation/Respiratory</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
Unable to determine</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Respiratory-Respiratory irritation
Respiratory-Wheezing</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
130231</td></tr>
</table>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -011

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***130952***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Cincinnati, OH*** ***USA*** ***10/18/2006***	Date registrant became aware of incident. ***10/18/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-505***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Scrubbing Bubbles II Lemon Antibacterial Bathroom Cleaner (Aerosol) 25 oz.***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Brief description of incident circumstances.

Krumholz, Travis Oct 18 2006 11:40PM
upc 25700-00696
Caller states that daughter sat on toilet at home that had product applied but not washed off. Says this happened a couple hours ago and now child has blistering on her bottom and back of legs.

A: Should make sure skin is rinsed thoroughly and see MD for eval. CB prn.
* * * * * * * * * * * * * * * * * *
Nystuen, Amy Oct 19 2006 5:50PM
[redacted] ***states that*** [redacted] ***is doing okay. She went to the emergency room last night and the doctor gave her some medication to put on it and it seems to help. They told her that the product irritated her and she had some sort of reaction from it but she is healing and feels a little better.***

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 15 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Dermal</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
2 hrs or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
ER/Hospital-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Bullae/Blisters
Dermatological-Dermal irritation/Pain</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
130952</td></tr>
</table>

Personal privacy information

-012

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***130982***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Palm Bay, FL*** ***USA*** ***10/17/2006***	Date registrant became aware of incident. ***10/19/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-447***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Raid Ant and Roach Insect Killer 17***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

39

Brief description of incident circumstances.

Rathsack, Cara Oct 19 2006 8:10AM
Warm Transfer @ SCJ

Hx: Caller states that her husband used the product 2.5 days ago in their garage. He sprayed 2 cans of the product. The next AM he started feeling sick and had upper respiratory irritation then the second day after exposure, he couldn't get out of bed and was getting worse.

A: Not an expected rxn from product use. Once exposure has stopped would not expect sxs to develop and progressively get worse 24 - 48 hours later. Rec to f/u with MD and consider other causes. Cb prn.
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 26 2006 4:20PM
Callback attempted, left message on answering machine requesting follow-up; included case and phone number.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***Adult (20-64 years)*** Sex: ***Male*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NA***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***24 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-unknown disposition***	List signs/symptoms/adverse effects ***Miscellaneous-Malaise*** ***Respiratory-Respiratory irritation***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
130982

Personal privacy information

-013

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date.	Contact person (if different than reporter)	Internal ID ***131143***
	Address [redacted]			Address	
	Phone [redacted]			Phone #	
	Incident Status: ***New***	Location and date of incident ***LUBBOCK, TX*** ***USA*** ***10/19/2006***		Date registrant became aware of incident. ***10/19/2006***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-447***		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)		A.I. (s)
	Product 1 name ***Raid Ant and Roach Insect Killer Formula 17 Fragrance Free 17.5 oz***		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? ***No***		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***				

Brief description of incident circumstances.

Peterson, Holly Oct 19 2006 3:11PM
Hx: Caller stated she had swelling of the face, and lips. Caller stated she has the spray next to the chair, and caller has handled the product. Caller has not been sprayed the product in a few days. Caller believes the cup that was out may have the product on it. Caller has not watched the cup in a few days. Caller stated s/sxs occur with in the last 3 hours.

A: Informed caller to dilute with water. Washing the cup with soap and water. We would not expect any problems with this product once dry. Informed caller s/sxs do mot match the toxicological profile. If s/sxs persist seek MD consult. C/b prn
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 26 2006 4:59PM
Callback complete. The woman went to the emergency room. Her lip was very swollen and she was worried her throat would swell. The woman was prescribed Benadryl for her symptoms. Sxs lasted about three days. She is asx at this time.

The woman inquired about treatment of roaches and possible complimentary products. Referred her to customer service.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***75 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***3 days or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER/Hospital-treated & released***	List signs/symptoms/adverse effects ***Dermatological-Edema/Swelling***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
131143

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -014

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***131445***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Sarasota, FL*** ***USA*** ***09/29/2006***	Date registrant became aware of incident. ***10/20/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-273***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Raid Flea Killer Plus Carpet and Room Spray 16 oz***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Sweetland, Kristy Oct 20 2006 3:16PM
Hx: 3 weeks ago, caller used the spray. She wore rubber boots on that covered her legs up to her knee, but she feels that some mist got down into her boots exposing her legs. 2 weeks later, she developed red blotches and swelling from her knees down. She went to MD who diagnosed her with atopic dermatitis and prescribed prednisone, but she refused to take it due to the listed potential side effects of that drug. Now her leg is swelling further and she says these sxs are due to this potential exposure 3 weeks ago.

A: Consider other causes. These sxs do not fit the toxidrome of this product. Recommend consult MD and have them call us to discuss with clinical toxicologist. Would not expect this scenario with dermal exposure.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 84 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Dermal</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
1 week or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
None</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Edema/Swelling
Dermatological-Erythema/Flushed
Dermatological-Rash</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
131445</td></tr>
</table>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -015

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***131813***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Tarhill, NC*** ***USA*** ***10/20/2006***	Date registrant became aware of incident. ***10/22/2006***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-399***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name ***OFF! Deep Woods Sportsmen Insect Repellent III Pump Spray - 6 oz. - US***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

Brief description of incident circumstances.

Sweetland, Kristy Oct 22 2006 10:00AM
HX: 2 days ago, caller's son used the product for the first time on his face and neck. 12 hours later, he awoke with a swollen face and neck. Skin was bright red and a rash covered the area. Son washed thoroughly and has been taking Benadryl which helps for a short period of time but then his sxs recur quickly.

A: Difficult to determine all factors involved in a reaction such as this. This is not an expected reaction. Can't rule out that her son doesn't have a sensitivity to ingredient(s) in the product. Since sxs persist, seek MD evaluation as other pharmaceuticals may be necessary to alleviate sxs.
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 27 2006 12:23PM
Callback attempted, left message on answering machine requesting follow-up; included case and phone number.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***13 Year(s)*** Sex: ***Male*** Occupation (if relevant) ***NA***	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NA***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***24 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-unknown disposition***	List signs/symptoms/adverse effects ***Dermatological-Edema/Swelling*** ***Dermatological-Erythema/Flushed*** ***Dermatological-Rash***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
131813

Personal privacy information

-016

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***131956***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***North Brunswick, NJ USA 10/22/2006***	Date registrant became aware of incident. ***10/22/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-505***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Scrubbing Bubbles II Lemon Antibacterial Bathroom Cleaner (Aerosol) 25 oz.***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Berkner, Dan Oct 22 2006 6:59PM
Cleaning sink
Hx: Caller states that she was spraying the product to clean her bathroom sink which she has done before with the same can. The nozzle of the product came off and while she was putting either the nozzle or the cap back on (she is not real clear about this) a burst of flame came out of the can. She immediately rinsed her hands and then put ice on them. There was blisters all over the tops of her hands one had was a little worse than the other. She denies having any source of flame or spark (candles, cigarettes, etc) in the bathroom. She went to an urgent care facility and the person she saw there told her that these were chemical burns and that she should be seen again tomorrow as they can sometime worsen later on. They wrapped her hands after applying silvadene to the affected skin. She claims she has first aid training and that this is probably a chemical burn. She also states that she is a dental hygienist and that she needs her hands to work and will probably be unable to work after this exposure. She then tells me she is calling her lawyer about the incident.

A: Told caller that this is a very unusual reaction especially since there was no source of spark or fire to ignite the propellant. Rec eval by your regular MD in the AM to have them better assess the damage done. Told caller that these burns were likely heat related as there was a fire as the product is not expected to cause chemical burns. Told caller to keep the can - outside if possible away from any source of heat. If any MD that you see has any product questions have them call us.

Notified LS
Notified Client - Sandra Archer
* * * * * * * * * * * * * * * * * *
Gualtieri, John Oct 23 2006 12:24PM
Consumer also spoke with SCJ CRC and the following information was documented.

She used product to clean in another room; carried product into the bathroom (outer cap was off at the time.) She went to dispense product and a 'glob of foam' went into the sink; at the same time the actuator came off and as she tried to replace it (can was upside down at time) the 'glob of foam' in the sink ignited. I asked if she actually saw flames and she said yes--they extinguished themselves. She said there were no candles, cigarettes or any other source of ignition in the room. (I asked about hot water heater and furnace and she said they are outside.) She went to urgent care due to burns on both hands and fingers (hands are currently bandaged.) Consumer told me she is OSHA certified, has first aid training and works as a dental assistant. Consumer spoke with SCI last evening. She has asked about compensation for missed work and any expenses not met by her insurance company.
* * * * * * * * * * * * * * * * * *
Nystuen, Amy Oct 29 2006 2:48PM
Called and left message on machine to Cb and gave Cb # and case #.
* * * * * * * * * * * * * * * * * *
Nystuen, Amy Oct 31 2006 11:28AM
Called and left message on machine to Cb and gave Cb # and case #.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 58 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Dermal</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
30 min or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-unknown disposition</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Bullae/Blisters
Dermatological-Dermal irritation/Pain
Dermatological-Erythema/Flushed</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
131956</td></tr>
</table>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-017

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date.	Contact person (if different than reporter)		Internal ID *132507*
	Address [redacted]			Address		
	Phone # [redacted]			Phone #		
	Incident Status: *New*	Location and date of incident *Tucson, AZ* *USA* *10/10/2006*		Date registrant became aware of incident. *10/24/2006*	Was incident part of larger study? *No*	
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *4822-397*		EPA Registration # (Product 2)		EPA Registration # (Product 3)	
	A.I. (s)		A.I. (s)		A.I. (s)	
	Product 1 name ***OFF! Deep Woods Sportsmen Insect Repellent II - 8 oz. Aerosol - US***		Product 2 Name		Product 3 Name	
	Exposed to concentrate prior to dilution? *No*		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?	
	Formulation		Formulation		Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***		
	Applicator certified? *UNK*					
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***					

54

Brief description of incident circumstances.

Keeler, Caren Oct 24 2006 12:40PM
Shawn from SCJ

Hx: Caller had used this product on and off for 2 weeks. On Sunday he had used the product multiple times and took his pulse (automatic machine) it was 117, 10 minutes later it was 118, 10 minutes later it was 123. He washed it off and then his pulse started dropping back to normal. He has not been feeling well over the last 2 weeks, and had chest pain. Thinks it is related to the product. Had worked up for knee operation approximately 5 weeks ago. He had a stress test and had a stent placed in August. He was thinking it is related to his arthritis. Wondering what to do.

A: This product has a wide margin of safety and a low level of toxicity. There would not be any adverse health effects expected following routine use of the product. Consult your physician to inform of these symptoms and to find a cause.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 85 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Dermal</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
1 month or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-unknown disposition</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Cardiovascular-Tachycardia</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
132507</td></tr>
</table>

Personal privacy information

-018

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date.	Contact person (if different than reporter)	Internal ID ***132563***
	Address [redacted]			Address	
	Phone # [redacted]			Phone #	
	Incident Status: ***New***	Location and date of incident ***South Lyon, MI*** ***USA*** ***10/24/2006***		Date registrant became aware of incident. ***10/24/2006***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1)		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) ***Benzyl Benzoate***		A.I. (s)		A.I. (s)
	Product 1 name ***(discontinued) Allercare Dust Mite Spray - Aerosol***		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***				

57

Brief description of incident circumstances.

Yeager, Greg Oct 24 2006 2:31PM
CRC warm transfer

Hx: Caller states spraying the product onto her carpet 10 minutes ago, and that there was a strong odor from product. Caller states that she became short of breath and was coughing. Caller states that she is getting fresh air, and is not looking for medical advice. Caller is wondering if she can leave product sit on her carpet for a few hours before she cleans it up.

A: Informed caller that product has a low level of toxicity. Informed caller that anyone who finds an odor to be too strong or unpleasant may develop non-specific sxs, which typically resolve with removal to fresh air. Rec getting plenty of fresh air, and ventilating the area to remove odor. Referred caller to customer service for information regarding product use.
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 31 2006 1:20PM
Callback complete. The woman stated she had the coughing for several days. She stated she has an appointment with her doctor to discuss updating her asthma treatments and medications. She or the doctor will callback if there are further questions. Close case.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: Adult (20-64 years) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Inhalation/Respiratory</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
30 min or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-unknown disposition</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Respiratory-Cough/choke
Respiratory-Dyspnea/Shortness of Breath</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
132563</td></tr>
</table>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -019

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***132802***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Spokane, WA*** ***USA*** ***07/25/2006***	Date registrant became aware of incident. ***10/25/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-283***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Raid House and Garden Bug Killer Formula 7- 11 oz***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

60

Brief description of incident circumstances.

Rinerson, Andy Oct 25 2006 10:37AM
Hx: CRC Transfer. Caller reports that 'three months ago', she found some ants in her kitchen, so she sprayed the ants with the product. Caller reports that she then sprayed the product on her porch, and around her trees, and in 'many other areas around the house'. Caller reports that over a period of two days, she sprayed 'two cans' of the product. Caller reports that the day after she started used the product, she developed redness, irritation and 'matting' in her eyes. Caller reports that there was a granule ant product placed in her flower beds, but caller reports that her symptoms could not have been from that product, since she is not the one who placed that product. Caller reports that she has seen 'four' eye doctors as well as her MD, and they have not been able to tell her what's wrong with her eyes. Caller reports that her symptoms 'must have been' from her exposure to the product. Caller reports that she did not actually get the product sprayed into her eyes.

A: Advised caller that her continued symptoms would not be from a casual exposure to the product. Advised caller that if she had gotten the product in her eyes, we would recommend a 15 minute eye wash and that no symptoms/complications would be expected. Advised caller to look for other possible causes and to f/u with her doctor for treatment.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: ***Senior (>64 years)*** Sex: ***Female***
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
No</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
3 days or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
None</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Edema/Swelling
Ocular-Redness/Conjunctivitis</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: ***NA***
Amount of pesticide: ***NA***
Exposure duration: ***Acute < 8hrs***
Patient weight: ***Unknown***</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
132802</td></tr>
</table>

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -020

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name ***Dr. Singer***		Submission date.	Contact person (if different than reporter)	Internal ID ***133236***
	Address ***Orlando Medical center*** ***Orlando, FL 32822*** ***USA***			Address	
	Phone # ***(407) 282-2244***			Phone #	
	Incident Status: ***New***	Location and date of incident ***Orlando, FL*** ***USA*** ***10/12/2006***		Date registrant became aware of incident. ***10/26/2006***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-271***		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)		A.I. (s)
	Product 1 name ***Raid Wasp and Hornet Killer - 17.5 oz***		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? ***No***		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***				

Brief description of incident circumstances.

Peterson, Holly Oct 26 2006 3:56PM
Hx: Caller stated PT sprayed the product in his face two weeks ago. Caller stated PT is having redness, dry skin, and rash in the area where the product was sprayed. s/sxs have not cleared. Caller stated s/sxs appeared 2 days later. Caller stated PT did not wash area right away, but did shower later in the day.

A: Informed caller we would not see s/sxs persist this long with this exposure and with normal personal hygiene practices. Look for other etiologies for the s./sxs described. We would not anticipate any problems with the routine use of the product. C/b prn

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***25 Year(s)*** Sex: ***Male*** Occupation (if relevant) ***NA***	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NA***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***3 days or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Dermatological-Dry Skin*** ***Dermatological-Erythema/Flushed*** ***Dermatological-Rash***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***IIC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
133236

Personal privacy information

-021

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area.

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *133480*
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident ***Lewisville, KY*** ***USA*** ***Unknown***	Date registrant became aware of incident. *10/27/2006*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *4822-505*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Scrubbing Bubbles II Lemon Antibacterial Bathroom Cleaner (Aerosol) 25 oz.***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *No*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation *Aerosol*	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No* Applicator certified? *UNK*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Peterson, Holly Oct 27 2006 1:29PM
Hx: Caller is wondering on the safety of the product. Caller uses the product daily for the last two years. Caller stated he sees a change in is vision/Lightheadedness when using the product. Caller is unsure how long after use daily that the headaches and change in vision occurs.

A: Informed caller to ventilate the area, move to fresh air. If s/sxs persist seek MD consult. We would not anticipate any problem routine use of the product. C/b prn

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***30 Year(s)*** Sex: ***Male*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NA***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-unknown disposition***	List signs/symptoms/adverse effects ***Neurological-Dizziness/vertigo*** ***Neurological-Headache*** ***Ocular-Visual defect***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute*** < ***8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
133480

Personal privacy information

-022

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date.	Contact person (if different than reporter)	Internal ID ***133563***
	Address [redacted]			Address	
	Phone # [redacted]			Phone #	
	Incident Status: ***New***	Location and date of incident ***Kingsport, TN*** ***USA*** ***10/20/2006***		Date registrant became aware of incident. ***10/27/2006***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-452***		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)		A.I. (s)
	Product 1 name ***Raid Concentrated Deep Reach Fogger (Orange Can) 1.5 oz***		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***				

69

Brief description of incident circumstances.

Chilefone, Sarah Oct 27 2006 4:49PM
Warm transfer from CRC

UPC: 46500-81590

HX: Caller noted that they used the product 1 week ago. When they went to clean the residue up after 5 hours after the use, the caller noted that after some dust went up into [redacted] respiratory tract and he ended up having a seizure. Caller noted that [redacted] went to the ER where they ran several DX tests and are awaiting results.

A: Advised caller that this is not an anticipated response to the use of the product. Fogger does not leave behind a dust. Advised to consider other medical etiologies. call back prn.
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Nov 2 2006 2:55PM
Callback complete. The caller stated the man experienced a single seizure. She stated they are still awaiting results. She stated she would call back when these diagnostic results are obtained.

Notified I.T.
* * * * * * * * * * * * * * * * * *
Gualtieri, John Nov 8 2006 9:38AM
Spoke with Donna. She states that the doctors have not been able to determine the cause of what [redacted] experienced. All diagnostic testing has been unremarkable.

[redacted] has never had a seizure before in his life. [redacted] relates that he completely lost consciousness during this event for about 30-60 seconds when he experienced this apparent seizure.

[redacted] is a smoker.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***24 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Inhalation/Respiratory***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***8 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***None***	List signs/symptoms/adverse effects ***Neurological-Seizure (single)***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
133563

Personal privacy information

-023

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]		Submission date.	Contact person (if different than reporter)	Internal ID ***133717***
	Address [redacted]			Address	
	Phone # [redacted]			Phone #	
	Incident Status: ***New***	Location and date of incident ***Rock Hill, SC*** ***USA*** ***10/21/2006***		Date registrant became aware of incident. ***10/28/2006***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-273***		EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)		A.I. (s)
	Product 1 name ***Raid Flea Killer Plus Carpet and Room Spray 16 oz***		Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***		Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***		Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***				
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***				

Brief description of incident circumstances.

Delacey, Krista Oct 28 2006 12:13PM
Hx: The caller used the product 7 days ago. She did her entire apartment, used more than usual. The caller developed a headache and vomiting during the first night. Lasted until mid-afternoon on Monday. She developed severe pain in her lower back on Sunday, which she was treated for in the ER. She is still having some pain in her lower back, described as hurts upon exertion, the muscles are sore.

A: The product has a low level of toxicity. Sensitive individuals may experience HA/N/V from the scent of the product. These sx would be self-limiting, most likely to be resolved with fresh air/ventilation of the area. The muscle pain is likely to have another cause, continue to f/u with MD. Gave case #. CB prn.
* * * * * * * * * * * * * * * * * *
Stauffenecker, Dena Oct 31 2006 2:15PM
Callback complete. The woman stated she has seen her regular doctor who prescribed pain medication. The woman stated she has a CT scan scheduled to determine possible causes of the sxs. The woman stated she is doing much better at this time. She or her doctor will callback if needed.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***Adult (20-64 years)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Inhalation/Respiratory***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***8 hrs or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER/Hospital-treated & released***	List signs/symptoms/adverse effects ***Gastrointestinal-Vomiting*** ***Miscellaneous-Pain (not dermal, GI, ocul)*** ***Neurological-Headache***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
133717

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

024

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***134230***
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Reynoldsburg, OH*** ***USA*** ***10/30/2006***	Date registrant became aware of incident. ***10/30/2006***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-452***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Raid Concentrated Deep Reach Fogger (Orange Can) 1.5 oz***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Aerosol***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Brief description of incident circumstances.

Peterson, Holly Oct 30 2006 1:50PM
Hx: Caller stated he had difficulty setting the fogger. States that this resulted in the spray shooting right into his face. Caller has flushed the skin with water 30 seconds the first time and then the next time for a few minutes. Area that was exposure was the forehead to below the nose. Caller stated he has a rag with water trying to flush the face. Caller stated his face is still irritated. Caller stated he will not go to hospital, he doesn't have insurance. The cans are still in the house, so he is not able to provide a lot#.

A: Informed caller that he needs to make sure exposed skin and eyes are flushed with water for at least 15 minutes. Irritating effects should gradually subside. If sxs persists, see MD.
* * * * * * * * * * * * * * * * * *

Nystuen, Amy Oct 31 2006 12:56PM
[redacted] ***states he is doing alright. He went to the doctor and they washed his face and told him to ice face and gave him medication but he still has irritation and feels like it is in his lungs, sometimes it is difficult to breath. Told him to follow up with doctor and asked if he would like us to cb in a couple of days to see how he is and he did not want another cb.***

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 36 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Dermal</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
30 min or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Dermal irritation/Pain
Respiratory-Dyspnea/Shortness of Breath</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
134230</td></tr>
</table>

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information -025

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***134273***
	Address [redacted]		Address	
	Phone # ([redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***BOYNTON BEACH, FL USA*** ***Chronic: >1 month <= 3 months***	Date registrant became aware of incident. ***10/30/2006***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***4822-278***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)	A.I. (s) ***DEET***	A.I. (s)	
	Product 1 name ***Raid Fumigator Fumigating Fogger***	Product 2 Name ***OFF! (non-specific)***	Product 3 Name	
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	
	Formulation ***Aerosol Fogger***	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? ***Yes*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

75

Brief description of incident circumstances.

Peterson, Holly Oct 30 2006 3:31PM
Hx: Caller stated there have been 18 foggers set off in the last 3 months. Caller is wondering what to do for clean up. Caller was using these products, for mites. Caller has redness on the skin. Caller stated her skin is now sensitive to every thing. Caller ventilated the home after use of all fogger. Last fogger was set off the last week of Aug. Caller can not use soap and water to clean it up cause it causes a reaction in the caller. Caller also sprayed Off with deet. She does not have the container for the OFF!. Caller stated the product will not come out of bedding or clothes with this product on it.

A: Informed caller this is not a intended use of the product. We can not recommend to use the product in this matter. Rec. cleaning company to come in to clean up the product. Rec. washing with soap and water. Follow up with MD. if s/sxs persist. c/b prn

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***74 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-unknown disposition***	List signs/symptoms/adverse effects ***Dermatological-Erythema/Flushed***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Chronic: >1 month <= 3 months*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
134273